

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

44141

State File No. \_\_\_\_\_

JAN 22 1941

Registration District No. 875

Primary Registration District No. 3039

Registrar's No. 309

## 1. PLACE OF DEATH:

- (a) County Vernon  
(b) City or town Nevada  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days) 2

8. (a) PRINT  
FULL NAMELillie Etta Russell

8. (b) If veteran,
- 
- name war
- ✓

3. (c) Social Security
- 
- No.
- No

4. Sex
- Female
5. Color or
- 
- race
- White
6. (a) Single, widowed, married,
- 
- divorced
- Widow

6. (b) Name of husband or wife: \_\_\_\_\_ 6. (c) Age of husband or wife if
- 
- alive
- ✓
- years

7. Birth date of deceased:
- Feb
- 19
- 1866
- 
- (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 
- 74
- 10
- 1
- \_\_\_\_\_
- 
- hr. min.

9. Birthplace
- MT Pulaski
- Ill.
- 
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Housekeeper

11. Industry or business \_\_\_\_\_

12. Name
- Daniel Hays

13. Birthplace
- Unknown
- Pa.
- 
- (City, town, or county) (State or foreign country)

14. Maiden name
- Lydia Beckner

15. Birthplace
- Unknown
- Pa.
- 
- (City, town, or county) (State or foreign country)

16. (a) Informant
- Mrs. Alice Mulligan

- (b) Address
- 909 N. Cedar St., Nevada, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof
- 12-23-40
- 
- (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Love Cemetery

18. (a) Signature of funeral director
- Allen V. Hays

- (b) Address
- Nevada, Missouri

19. (a)
- 12-21-40
- (b)
- Allen V. Hays
- 
- (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Howard  
(c) City or town Nevada  
(If outside city or town limits, write "RURAL")  
(d) Street No. 909 N. Cedar Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? ✓ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Dec.
- day
- 20
- 
- year
- 1940
- hour
- 5
- minute
- 15
- P.M.

21. I hereby certify that I attended the deceased from
- 
- Dec 20
- , 19
- 40
- , to
- Dec 20
- , 19
- 40
- 
- that I last saw her alive on
- Dec 20
- , 19
- 40
- 
- and that death occurred on the date and hour stated above.

- Immediate cause of death
- Chronic
- 
- Endocarditis
- Duration
- 
- Don't
- 
- Know

- Due to \_\_\_\_\_

- Due to
- Influenza
- 12/19
- 
- 1940

- Other conditions
- 
- (Include pregnancy within 3 months of death)

- Major findings:
- 
- Of operations \_\_\_\_\_

- Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
745 (Specify type of place)  
While at work? ✓ (e) Means of injury \_\_\_\_\_

23. Signature
- A. C. Kove
- (M. D. or other)
- 1
- 
- Address
- Nevada, Mo
- Date signed
- 12/23/40

RECEIVED

District Health Officer No. 7,

District File Number 1-41-119

Date Filed 1-13-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.